# **DECLARATION**

# **INVENTORSHIP IDENTIFICATION**

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

# **ELECTRONIC MAIL NOTIFICATION**

#### **TITLE OF INVENTION**

#### SPECIFICATION IDENTIFICATION

			00					
the specification of which:								
(a)	$\boxtimes$	is attached hereto.						
(b)		was filed on, as Derial No						
		and	was amended on _ (if ap	plicable).				
(c)		was des	scribed and claimed in PC	T International Application	n No filed on			
	and was amended on (if applicable).							
ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR								
I hereby state that I have reviewed and understand the contents of the above-identified specification,								
includir	ng the cl	aims as a	amended by any amendm	ent referred to above.				
I acknowledge the duty to disclose information, which is material to patentability as defined in 37,								
Code of Federal Regulations, § 1.56.								
PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d) (Prior Foreign/Pct Application(S) Filed Within 12 Months (6 Months For Design) Prior To This Application)								
I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or 365(b) of								
any foreign application(s) for patent or inventor's certificate(s) or 365(a) of any PCT international application(s)								
which designated at least one country other than the United States of America, listed below and have also								
identified below any foreign application(s) for patent or inventor's certificate(s) or any PCT international								
application(s) having a filing date before that of the application(s) of which priority is claimed.								
Applica	ation Nu	mber	Country or PCT	Date Of Filing	Priority not	Certified Copy		
				(Day, Month, Year)	Claimed	Attached?		
						☐ YESNO ☐		

PATENT

# CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) UNDER 35 U.S.C. § 119(e)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

### CLAIM FOR BENEFIT OF EARLIER US/PCT APPLICATION(S) UNDER 35 U.S.C. 120

(All Foreign Application(S), *If Any*, Filed More Than 12 Months (6 Months For Design) Prior To This U.S. Application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or 365(c) PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application.

U.S Parent	PCT Parent	Date Of Filing	Parent Patent
Application No.	Application No.	(Day, Month, Year)	No. (If applicable)

## **DECLARATION**

I hereby declare that my presentation of this paper constitutes a certification under 37 C.F.R § 10.18, which provides, in part, that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and that further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application and any patent issuing therefrom.

# SIGNATURE(S)

Inventor(s)						
John	E	Lewis				
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Date	Country of Citizenship					
Residence						
Post Office Address:						
(GIVEN NAME)	(MIDDLE INITIAL OR NAME)	FAMILY (OR LAST NAME)				
Inventor's signature						
Date	Country of Citizenship					
Residence						
Post Office Address:						
	ture by administrator(trix), or legal repre	esentative for deceased or incapacitated inventor.				
Num	ber of pages added					
Signature for inventor who refuses to sign or cannot be reached by person authorized under						
_	R 1.47. Number of pages added					
Added page for signature by one joint inventor on behalf of deceased inventor(s) where legal						
		(37 CFR 1.47) Number of pages added				
Authorization of attorney(s) to accept and follow instructions from representative.						
This declaration ends with this page.						